



**The California Managed Risk Medical Insurance Board**  
PO Box 2769  
Sacramento, CA 95812-2769  
(916) 324-4695 FAX: (916) 324-4878

**Board Members**  
Clifford Allenby, Chair  
Richard Figueroa  
Samuel Garrison  
Ellen Wu

**Ex Officio Members**  
Jack Campana  
Diana S. Dooley  
Secretary, Business,  
Transportation and Housing  
Agency

## **Managed Risk Medical Insurance Board**

### **HFP Advisory Panel Meeting Summary**

### **November 13, 2012**

### **Sacramento, California**

**Members:** Jack Campana; David Rivera; Karen Lauterbach; Ellen Beck, M.D.; Jan Schumann; Elizabeth Stanley-Salazar; Barbara Orozco-Valdivia; James Forester, D.D.S.; and William Arroyo, M.D.

**MRMIB Staff:** Janette Casillas, Executive Director; Ernesto Sanchez, Deputy Director, Eligibility, Enrollment and Marketing Division; Ellen Badley, Deputy Director, Benefits and Quality Monitoring Division; Dawn James, Manager, Eligibility, Enrollment and Marketing Division; A.J. Martinez; and Felipe Ybarra.

**Other Attendees:** Rene Mollow, M.S.N., R.N., Deputy Director, Health Care Benefits and Eligibility Division, Department of Health Care Services; and Nicette Short, Policy Analyst, California Dental Association.

### **Introductions**

Jack Campana, Healthy Families Program (HFP) Advisory Panel Chair, opened the meeting by introducing himself. Mr. Campana asked the Panel Members and the Managed Risk Medical Insurance Board (MRMIB) staff and audience to introduce themselves.

### **Review and Approval of August 14, 2012, HFP Advisory Panel Meeting Summary**

The HFP Advisory Panel reviewed the August 14, 2012, meeting summary. Dr. James Forester made note of the misspelling of his last name throughout the document. Ernesto Sanchez said that MRMIB mailed an amended version of the minutes. Janette Casillas said the amended version more accurately reflects comments and suggestions made by Advisory Panel Members. Ms. Casillas noted that Felipe Ybarra would be taking over the Advisory Panel responsibilities and said he would email his contact information to the panel. Rene Mollow introduced herself. Dr. Ellen Beck noted that her title interchanged between "Dr." and "Ms." throughout the document and requested consistency for "Dr." David Rivera noted that his comments regarding issues in Medi-Cal coverage referred only to his daughter's dental provider, rather than her medical,

dental and vision providers. Dr. Beck noted that her concern was about “whether” infants would qualify rather than “if the majority would” qualify.

Dr. William Arroyo noted a similar issue with respect to his title of “Mr.” versus “Dr.” Dr. Beck would like page 5 to include “addressing the concerns enumerated” in reference to the letter the Advisory Panel created. The minutes were approved as amended.

Mr. Campana thanked the group involved in writing the letter that was read to MRMIB (the Board) and the concerns stated were duly noted at the Board meeting. The request for a staff member from DHCS to attend the Panel meetings was advocated by the Board and Ms. Mollow was in attendance to fulfill that request.

### **State Budget Update**

Mr. Campana noted there was no update for the state budget; however, he asked about the impact of Proposition 30 on the HFP, as it will generate additional state revenue. Ms. Casillas opined that it might be too soon to provide a report on that topic. Her presumption was that the Governor would present a budget around January 10, 2013, and that more information would be known by the next meeting.

Dr. Arroyo stated there is concern at the county level on the impact of the transfer of responsibilities. As January 1, 2013, approaches, the counties, particularly from the perspective of mental health benefits, anticipate a larger county budget level. There may not be sufficient resources to meet those budget needs since mental health programs have been realigned to the county. These children will be eligible for a broad array of mental health services as are all current children in the Medi-Cal Program. He stated that every county should anticipate a greater fiscal burden.

Elizabeth Stanley-Salazar asked if the benefits for mental health and substance abuse under Medi-Cal will remain the same as they are for the HFP. Dr. Arroyo confirmed they would. Ms. Salazar asked what is driving the decision to merge the benefits at the local level. Ms. Casillas responded that it was proposed by the administration. The idea was to transition all the children from the HFP into Medi-Cal. They would be treated like any other Medi-Cal child relative to the benefits. Every benefit HFP children receive will be provided under Medi-Cal, but the delivery system is different. Through assessment of benefit comparison, there are two services not included under EPSDT in the HFP benefit package: non-emergency medical transportation and 24-hour shift nursing. HFP provides all medically necessary services under Knox-Keene.

Ms. Casillas responded to Dr. Arroyo’s question, stating that MRMIB sent a data request to HFP health plans requesting a review of information about the services they are providing. The data provided would give a broad sense of the volume. MRMIB staff also asked for a list of all the mental health providers. There also was a similar data request addressing substance abuse services. Both sets of data will be passed to DHCS so they can assess the volume and specific services received.

Ms. Casillas said a work group was created and being spearheaded by the Health and Human Services Agency (Agency) and includes the Department of Health Care Services (DHCS) Eligibility and Benefits Division overseen by Ms. Mollow; the DHCS mental health and substances abuse services overseen by Vanessa Baird; the County Mental Health Director's Association; MRMIB; the California Association of Health Plans; and the Association of Mental Health Directors.

Ms. Casillas said the budget issue is between the county mental health departments and DHCS.

Ms. Mollow said that in her discussions with Ms. Baird regarding the budget, the transition, mental health and substance abuse services, that counties were budgeted under the premise that transition would start in October 2012, and that funding was already in place. DHCS is working to identify utilization patterns, allowing county mental health directors and substance abuse colleagues to understand the service needs of the transitioned children that would be delivered by counties. If mental health and alcohol/substance abuse providers are not in county or Medi-Cal plan networks, they may be in the fee-for-service delivery system. Staff can look at how to reach out to the provider networks and enroll them as Medi-Cal providers if a child needs services not classified as specialty mental health or not covered by the health plan. That would be a benefit afforded to them under the Medi-Cal fee-for-service system.

Ms. Mollow said Ms. Baird requested information about the utilization patterns of mental health services through fee-for-service, which will allow staff to see where there are cross-overs.

Ms. Salazar asked if Ms. Mollow meant commercial plans with the term "fee-for-service." Ms. Mollow said Medi-Cal has two delivery systems: fee-for-service and managed care.

Ms. Casillas said an updated copy of the Strategic Plan submitted by Agency is on the agenda for the next MRMIB Board meeting. The appendix of that document includes the data requests sent to plans regarding mental health and substance abuse. This information will be sent to DHCS.

Dr. Beck said two areas which have been challenging in ensuring high quality, continuous and comprehensive care for HFP children are mental and oral health. Mental health has huge issues with gaps in care, collaboration between primary care and the counties and the need for ongoing care for children often centered in schools. Dr. Beck asked if this current meeting would be speaking to those concerns and what would be the oversight to ensure these issues will be addressed in the transition.

Mr. Campana said the issues will be brought up as Ms. Casillas begins discussion of the transition.

Ms. Casillas said most of what is prepared for this meeting was relevant to HFP subscribers, but there is still a need to work with DHCS to put together an internal transition plan for the Advisory Panel. She said the Advisory Panel's mission, activities and focus would be provided to DHCS, along with a document on the role of the Advisory Panel.

Dr. Beck said she was more interested in the issues and how they will be addressed. Ms. Casillas said those topics would be developed by DHCS.

### **Transition of HFP Subscribers to the Medi-Cal Program**

Ms. Casillas said she would like the Advisory Panel to meet after the Board meeting so MRMIB could provide the Panel with updated information.

#### ***a) Legislative Hearing on HFP Transition***

Ms. Casillas participated as a panel speaker at a joint hearing of the state Senate Committees on Budget, Fiscal Review and Health on October 16, 2012, to update the chairs on the transition. Analysis and data was provided by MRMIB, DHCS and the Department of Managed Healthcare (DMHC) was tasked with developing a network adequacy report. There also was discussion of dental services. Nicette Short was a panel speaker on that topic.

Dr. Forester said he saw these numbers before they were present to the Advisory Panel and said the transition was not proceeding well in terms of network adequacy. He said he heard these issues were being worked on, but data was slow to come to the public.

Ms. Casillas said timing is critical. The Medi-Cal program has HFP's Network Information Services System (NIS) data, including contracted dentists and analysis by child of the volume of services received within the last 12 months. An aggressive outreach campaign to dentists and dental providers is in process.

Ms. Mollow agreed that timing was important. The information Ms. Casillas discussed is outlined in the network adequacy report. The network adequacy report focused primarily on health plans, but also contains information about dental plans and dental fee-for-service. The dental data download was not available at the time of the report. DHCS staff is analyzing the dental data file received from MRMIB. A telephone campaign and survey were performed for dental providers currently participating in the Medi-Cal fee-for-service program and HFP. Some providers contracted only with HFP. There was a great deal of data from providers willing to maintain their HFP workload and transition to Medi-Cal. Medi-Cal's dental website will be updated to reflect that information.

Ms. Casillas said there was a hearing in Los Angeles County on dental services. Ellen Badley and Ms. Mollow participated.

Ms. Mollow gave a brief update on the hearing that focused on state updates to the dental program. Interested parties, stakeholders, dental plans from DHCS and the Legislative Analyst's Office (LAO) presented information on the state of dental services under Medi-Cal. For legislative members, it was primarily an update. The presenters asked if DHCS was coming to the table with legislative budget proposals to increase provider reimbursement rates. Ms. Mollow said this is under consideration and, given the results of the election, there may be consideration to additional funding for increased dental reimbursement rates and restructuring dental managed care rates. She said dental-reimbursement rates are something the Administration has to consider. DHCS also informed the committee that Medi-Cal adopted performance metrics used by HFP.

Ms. Salazar noted that in the mental health section of the legislative hearing document, no stakeholder meetings were organized with the Administration on substance abuse. She said the network is not adequate to meet the state population needs. Further, there is little data on this subject, and the utilization of substance abuse services among children is around 1 percent because it is under-managed. She asked how mental health services could be integrated into primary care services so that children can be linked directly with mental health services.

Dr. Beck said she was pleased that DHCS seemed concerned about the inadequacy of oral health providers and wanted to bring orthodontic benefits to the table. There has been concern about the kind of resources available to HFP subscribers and the "discontinuity" of effective mental health services linking to the pediatrician. She said Medi-Cal has many issues in terms of quality, depth and follow up compared to HFP. Dr. Beck asked Ms. Mollow about her hopes for these two areas as the transition occurs.

Ms. Mollow said Ms. Baird is a strong voice regarding both mental health and substance abuse. Agency convened a work group including both mental health and substance abuse association representatives. The group is looking at the program, the services and how to better integrate them.

Ms. Mollow said the DHCS program has to be viewed while taking policy into consideration. Ways must be found to improve structure while considering fiscal realities. She said she wants to ensure that the Advisory Panel receives information that DHCS releases on its dental programs. DHCS reports monthly on dental managed health care and can share this information with the Panel.

Mr. Campana thanked Ms. Mollow and said there was not one social health issue that achieved a higher result than those with multiple agencies collaborating. He cited childhood obesity and its link to Type II diabetes later in life as an example and how various segments of the community worked together. Mr. Campana

asked Ms. Mollow to think about what environments could be created to address health issues in a much more collaborative way.

Ms. Mollow noted the merit of Mr. Campana's request and said that Dr. Neil Kohatsu, a DHCS medical director works on quality strategies for DHCS and is bringing together members of the health community and local families to form a committee. This is something DHCS is extremely interested in and she believes local communities are going to be the most important resource in terms of effective strategies.

Dr. Arroyo asked Ms. Mollow if DHCS had an opportunity to look at the data sets that HFP established because he thinks there is much to learn from them. Dr. Forester said he was very impressed when he first looked at the reports when he began his work on the Advisory Panel. Dr. Arroyo then asked if Medi-Cal has a similar type of panel with subscribers.

Ms. Mollow said the only one she was aware of was the Quality- Strategy Panel being developed by Dr. Kohatsu. The Medi-Cal program has a plethora of data and is starting to think about how to make it more visible. She said efforts are underway to look at how the data can be organized to provide a better perspective of where the program can improve. Just under 4 million Californians served by Medi-Cal in the next budget year will be children. This is a great opportunity to think of the types of reports and information people are looking for. Because of the input of stakeholders, DHCS has been reporting on key metrics on a monthly basis. DHCS is convening a new health data council in conjunction with Dr. Kohatsu.

Ms. Salazar said use of outcome data has been striking about MRMIB and the Advisory Panel. They are both client and consumer based and have been made transparent to stakeholders and consumers.

Ms. Casillas said both DHCS and the Administration said there will be on-going monitoring and reporting of the transition.

Dr. Forester asked if the provider outreach questionnaire on Medi-Cal participation was state wide. He said he had not yet received a questionnaire, nor had anyone at the latest dental society meeting he attended. Ms. Mollow and Ms. Casillas said the surveys were mailed to Denti-Cal and HFP dental providers.

Ms. Short expressed concern that Dr. Forester had not received the survey. The California Dental Association (CDA) is putting together an update with links for dentists who want to become Denti-Cal providers or for HFP providers who want to transition to Medi-Cal. The CDA also held a webinar with all the information.

b. ***CA Health & Human Services Agency HFP Transition to Medi-Cal Strategic Plan***

Ms. Casillas said the Strategic Plan has been updated and will be posted to the MRMIB website.

c. ***HFP Final General Notice and DHCS Proposed 60-Day Notice***

Ms. Casillas said the notice went out to everyone enrolled in HFP, except for families scheduled to be transitioned in Phase 1A. A 60-day notice was sent to individuals in Phase 1A as well as a draft 30-day notice which also will be posted to the MRMIB website.

d. ***What We Need To Tell Families Grid***

Ms. Casillas said the grid has different types of information for families and is used as a guide for staff to develop the notices. MRMIB sent a general notice to HFP subscribers and all follow-up notices are being sent by DHCS. MRMIB provided DHCS with a data file of all HFP subscribers.

e. ***August 15, 2012 Public Forum Summary & Handouts***

Ms. Casillas discussed the notes from the August 15, 2012, public forum. She said most of the information shared with the Board continues to be the same sentiments shared at each Board meeting.

f. ***HFP Advisory Panel Letter on the HFP Transition to the Board.***

Ms. Casillas said the letter was finalized and presented to the Board by Mr. Campana.

Mr. Schumann asked if health codes from MEDS were assigned to HFP children.

Ms. Casillas said that was the case. She advised Mr. Schumann to look at the draft version of the All County Welfare Director's Letter, which states that the 9H aid code will change to either 5C or 5D, depending on a family's income.

Mr. Schumann asked if families will be required to provide Social Security numbers.

Ms. Casillas said that particular rule applied to HFP. Medi-Cal rules will apply to the transitioning child. These rules will go into effect either at the next annual redetermination, or prompted by another factor. This is also written in instructions to the counties.

Dr. Beck asked Ms. Mollow to examine the letter written by the Advisory Panel and pass it along to her staff who may be interested based on their area of focus. Dr. Beck asked what would happen to a family who does not realize the transition is happening and seeks medical services the day after their transition date.

Ms. Casillas asked if Dr. Beck was asking about dental or health, to which Dr. Beck responded health. Ms. Casillas said that risk has been minimized because Phase 1A is a “plan to plan” match. It becomes more complicated with Phases 3 and 4, but will be monitored so the process can be realigned as needed to minimize those risks.

Mr. Rivera said HealthNet San Joaquin has been great about sending notification. As a Certified Application Assistant (CAA), many families have approached him. He has recommended they discuss the transition with their physician. HealthNet hosted a transition meeting in Stanislaus County. The Stanislaus County Community Service Agency sent several of their workers who had more questions than answers.

Ms. Casillas said the County Welfare Director's Letter is still in draft form. It has gone out for comment to county administration members.

Mr. Rivera noted some of the concerns he heard ranged from whether people are going to have case workers to if they have to fill out a Medi-Cal application.

Dr. Beck expressed her concern for individuals that do not have a CAA, especially as the transition moves to Phases 3 and 4. She is concerned that people are going to seek care and will be turned away.

Ms. Casillas said that in advance of mailing the notice to the families, they are sent to health, dental and vision plans with the request they forward the letters to their provider networks, CAAs and advocate groups. She said numerous consumers will seek assistance from CAAs, the latter of whom will not receive reimbursement for their services. There is not enough funding for media outreach, and in fact, not a budget for transition.

Mr. Campana suggested sending basic information to the 58 county Superintendents of Education because the bulk of enrollment occurs through schools.

Ms. Lauterbach said providers are key to publicize this information, but suggested contacting local media to do stories as the transition draws closer.

Dr. Beck suggested contacting The California Endowment or organizing a public service announcement about the HFP to Medi-Cal transition.



Ms. Casillas said staff is updating the Board because of an increase in phone calls to the HFP call center. The notice provided the toll free number and call volumes and types of questions are being tracked to determine if the notices should be revised.

Ms. Lauterbach said CAAs are vital to reach HFP parents regarding transition. Her staff has gone to schools and thinks it is better for families to get information before they start flooding HFP and DHCS with calls. Ms. Casillas said there is a fact sheet on the MRMIB website available in English and Spanish. Ms. Lauterbach said the facts sheet was helpful and easy for CAAs to use. Ms. Short said the California Coverage and Health Initiatives created a handout for CAA use and said she would be happy to send that to Ms. Casillas.

Mr. Schumann said he would like the requirement for children to provide Social Security numbers during their annual renewal emphasized. Ms. Casillas said that Medi-Cal has a process whereby if a subscriber doesn't have a Social Security number, they can provide a copy of the application submitted so the applicant will not be disenrolled from Medi-Cal. Ms. Mollow agreed that children would not be disenrolled from Medi-Cal. Nobody would ever be delayed or denied services for not having a Social Security number, she said.

**g. *Department of Healthcare Services on the Transition of the HFP Advisory Panel and its Continuing Role***

Mr. Campana said that there are two benefits for MRMIB with the Advisory Panel. One was representing various constituencies to report on what they are hearing in the field and ensuring the Board is receiving this information to help make decisions. The other is having the information from staff at MRMIB go to HFP families. He recommended a panel such as the Advisory Panel continue.

Ms. Mollow said the Advisory Panel will continue and that she does not think she needs a statute to accomplish that. DHCS has been working for the past several years to be more transparent. Once the transition is completed, the name of the panel may change because it would be under the Medi-Cal Program. Her goal is to continue to work with Ms. Casillas in transitioning the Advisory Panel to DHCS. DHCS operates California Children's Services and she would like a collective group to look at children's needs. She supports having subscribers on the Advisory Panel, and would like to talk to this group for advice, additional outreach and engagement activities. She said the panel could function similarly to the stakeholder group for Medi-Cal's dental program

Dr. Beck asked if Medi-Cal has an equivalent panel since it covers a broader population. Ms. Mollow said currently there is nothing similar, but it is something that she can discuss with Dr. Kohatsu. DHCS has a Managed Care Division that works with stakeholders, but none of these groups involve working with actual beneficiaries.

Mr. Campana said there is an advantage to having subscribers on a panel. It allows the panel members to learn what subscribers are hearing from other parents and what parents have to deal with.

Ms. Mollow said she is hearing a common theme about the transition – the process is careful. She described the issues as “historic” and suggested collaboration in addressing them.

Mr. Campana said the compassion, professionalism and dedication of the MRMIB staff has been a plus. Dr. Beck expressed concern over what would happen to the staff of MRMIB. Ms. Casillas said the Advisory Panel’s role is about the program.

Mr. Campana told Ms. Mollow that the work she and her department has done was tremendous. Ms. Mollow said she can equally say that she has very compassionate staff and that they will work on a transition of MRMIB staff.

h. ***MRMIB Stakeholder Outreach Plan***

Dawn James said a flier was posted on the HFP website homepage in English and in Spanish. There is a Health-e-App notice so people signing into Health-e-App will see information regarding transition and be referred back to the website. There was also a Public Service Announcement on the call center toll free line.

Advocate Serena Kirk from the Children’s Defense Fund and 100% Campaign said they created the previously mentioned flier which was translated into other Asian languages. They are also working with DHCS in the development of an FAQ (Frequently Asked Questions) document that would be prepared in advance to respond to subscribers calls.

Ms. Casillas said MRMIB call center scripts were released. All HFP plans received them to ensure consistency. The scripts will be updated because HFP is being asked questions that are not answered by existing scripts. They will be updated and sent to DHCS this week.

Ms. Mollow said DHCS developed FAQs based on questions received from webinars they hosted and from questions received via email. Staff will be working with the California Coverage and Health Initiatives to draft some FAQs for CAA use. DHCS staff also requested FAQs from providers and will ensure that Advisory Panel members have copies of them.

## **Legislative Update**

Mr. Sanchez presented the end of session report. He noted that the chaptered bills are those signed by the Governor. AB 174 deals with the Office of System Integration, which provides funding resources for the new California Healthcare Eligibility and Enrollment Retention System (CalHEERS). CalHEERS is the enrollment portal for the Exchange through which Medi-Cal eligibility will be determined. The bill authorizes the use of Franchise Tax Board and Employment Development Department income data as secondary data resources. Mr. Sanchez said AB 792 requires persons going through dissolution of a marriage, separation or adoption be informed of their potential availability of coverage through CalHEERS. AB 1083 enacts provisions of the Affordable Care Act (ACA) prohibiting the imposition of pre-existing conditions after January 1, 2014. AB 1453 is another ACA conforming bill and AB 1526 impacts the Major Risk Medical Insurance Program (MRMIP) providing reductions in premiums charged. AB 1846 authorizes DMHC and the insurance commissioner to issue certifications in accordance with the ACA. AB 2508 prohibits a state agency from contracting for call center services if they don't certify the work is being done in California. SB 951 is another ACA conforming bill. SB 1538 and SB 255 deal with mammographies.

Ms. Salazar asked Mr. Sanchez if the Center for Medicare and Medicaid Services approved the essential health benefits and Mr. Sanchez said the state has options on what it can select.

Ms. Salazar said she was at a meeting soliciting stakeholders' input on the essential health benefits. Ellen Badley said she may be talking about the federal rules. The state had nine or 10 options for choosing essential benchmark plans. She said these are being clarified, particularly with respect to habilitative services.

Dr. Beck asked if SB 951 means the Kaiser Foundation health plan defines the basic health benefits. Ms. Badley said that because California law is so comprehensive around benefits, the differences between the plans were minute.

Dr. Forester asked if the dental benchmark is HFP. Mr. Sanchez said he does not know if that is the case and Dr. Forester said it may have been the benchmark they were advocating.

Dr. Beck asked Ms. Badley to define "habilitative" but Ms. Casillas stated that it is beyond the Panel's scope. Mr. Sanchez directed Dr. Beck to the Exchange website where she could find detailed materials.

## **HFP Updates**

### **a. 2011 Grievance Report**

Ms. Badley said HFP requires participating health, dental and vision plans to annually report grievances filed by subscribers. A total of 3,500 grievances were received from nearly 900,000 subscribers. Plans continue to improve as demonstrated by the decline of grievances per 10,000 subscribers from 57 down to 36 in the last four years. Quality of care and claims continue to represent the leading categories for grievances. Looking at grievances by category and plan, quality of care and claims are the highest in the health plan; benefits/coverage and quality of care are the highest for dental; and benefits and other grievances are highest in vision plans. A total of 75 percent of grievances are related to health plans. The average rate of grievances for health plans decreased from 37 per 10,000 subscribers in 2010 to 30 per 10,000 in 2011. Anthem Blue Cross, Care 1<sup>st</sup> LA Care, HealthNet and Santa Clara drove that decline. Demographic analysis shows Whites/Caucasian and English speaking subscribers tend to report at an overall higher grievance rate than other groups. To provide the Advisory Panel with further information, the 2012 internal complaints data will be included in the 2012 grievance report.

### **b. 2010-11 California Children's Services (CCS) Report**

Ms. Badley shared a summary of the health, dental and vision services provided to HFP children by the CCS program. Each year contracted plans are required to report on the number of children referred to the counties for assessment and possible treatment of a serious or chronic condition. Plans referred 16,799 children to CCS in the 2010-11 benefit year, which represents about 2 percent of total enrollment and a decrease from the previous benefit year. At the end of the benefit year, there were 27,996 active cases, which was also a slight decrease. Annual expenditures increased by 57 percent, from \$137 million to \$215 million. The average cost per HFP child is still lower than Medi-Cal children. The top five medical conditions are: other/miscellaneous conditions, coagulation disorders, malignancies, prematurity/live birth and cardiac conditions. The majority of children receiving CCS services are over age 10.

Dr. Beck asked about the discrepancy between the Medi-Cal and HFP numbers. Ms. Badley said she wasn't sure if staff has looked at the data to do a comparison. Because of how HFP eligibility rules work, a larger percentage of children who are premature may be falling into the Medi-Cal Program and as they age out, they may fall into HFP. Mr. Sanchez said that for infants younger than 1 year, Medi-Cal covers up to 200 percent of the federal poverty level versus 133 percent of the older children from 1-5 years of age.

Mr. Schumann asked what happens to the 13 percent of children who are denied referral. Ms. Badley said they don't meet eligibility at the county level if the health plan is required to provide all medically necessary covered benefits.

### **Outreach Update**

a. ***Certified Application Assistant (CAA) Training***

Ms. James reported that 252 CAAs have passed training in the last three months. CAA numbers are rising despite a decrease in Enrollment Entities.

b. ***Children's Health Insurance Program Reauthorization Act (CHIPRA) Outreach Update***

Ms. James reported that 52 EEs processed 7,891 applications in the last quarter.

c. ***School-Based Outreach***

Ms. James reported that year-to-date requests for fliers for school outreach are 186,540, and approximately 16,000 in the last three months.

d. ***Health-e-App Public Access Update***

Ms. James reported that HFP forms being used as of July are as follows: Continued Enrollment Forms – 206 with a monthly average of 52; Annual Eligibility Review Forms – 3,224 with a monthly average of 806; Program Review Forms – 709 with a monthly average of 177; and Add-A-Person Forms – 599 with a monthly average of 150.

e. ***Outreach and Social Media Update***

Ms. James reported that there are 240 HFP followers on Twitter and 1,258 HFP fans on Facebook.

Mr. Schumann asked if staff is doing Facebook updates about the transition and Ms. James said they were.

### **HFP Informational Reports**

1. ***Enrollment and Single Point of Entry Report***

Mr. Sanchez said the most recent report the Advisory Panel has is from September 2012.

2. ***Administrative Vendor Performance Report***

Mr. Sanchez said that the vendor continuously met its contract requirements for quality and performance.

3. ***Authorization for Health Plan and State Supported Services Contract Amendments and Extensions for Community Health Plan and Blue Shield of California***

Mr. Sanchez said that contracts were extended through June 30, 2013. While both of these plans left HFP, there are still a number of requirements they must meet to end their work with MRMIB.

**Closing**

Mr. Campana thanked everyone and adjourned the meeting.